US Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
E QUESTING				
1 File Number U - 93/5	2. Fiscal Year Covered From.			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name Thomas J Savoie	Name New England Regional Council of Carpenters			
† -	Labor Organization File Number 540-823			
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any			
Street 269 Dodge St.	Street 803 Sumer Street			
City Warwick	City Boston			
State Rhode Island ZIP Code + 4 02886-1909	State Massachusetts ZIP Code + 4 02127-1616			
5 Position in labor organization Business Rep/Organizer and VP LU94				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any	7 b Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)				
Signed Thomas & Savoir	On 8/11/05 407 - 739 - 9/3 2 Telephone Number			

Name of Person Filing Thomas Savoie	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name New England Carpenters Labor Management Fund Trade Name, if any PO Box, Bidg, Room No, if any Street 803 Summer St.	9 Business deals with X a Labor Organization b Trust c. Employer			
City Boston State Massachusetts ZIP Code + 4 02127-1616				
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name Trade Name, if any	Contributions to the N E. Labor Managment Fund are determined by the CBA and a joint board of trustees representing labor and management oversees the operations.			
P O Box, Bldg , Room No , if any				
Street	11 b Approximate dollar value of such dealing \$1,800,000			
City	12.a Nature of interest held or income received			
State ZIP Code + 4	Lodging for Trustees Meeting on 2/12/2004=\$196.00 Reimbursed Expenses for dinner Meeting 7/12/04= \$160 Lodging for Trustees meeting 9/16/2004=\$218.00 Lodging for Trustees meeting 12/9/2004 = \$207.00			
	12 b Amount. \$781			
	12 D Periodist.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street	[]			
City				
State ZIP Code + 4				
13.b Is the Business an Employer or Consultant ?	14 b Amount of payment.			

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Name of Person Filing Thomas	Savoie		File Numbe	r U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)	9 Business deals with
Name Rhode Island Carpenters Benefit Funds	a Labor Organization
Trade Name, if any	
P O Box, Bldg , Room No , if any	b Trust
Street 14 Jefferson Park Rd	c. Employer
City Warwick	
State Rhode Island ZIP Code + 4 02886-19	09
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing.
Name	I am a trustee on these funds. The union negotiates a collective Barganiging Agreement requireing
Trade Name, if any	contributions to the Funds.
P O Box, Bldg , Room No , if any	
Street	
City	
State ZIP Code + 4	11 b Approximate dollar value of such dealing \$0
	12 a Nature of interest held or income received
	Registration, lodging, food, and transportation for educational conference on behalf of the funds in
	New Orleans LA. From 11/30/2004 to 12/5/2004.
	12 b Amount. \$2,384